



**DELAWARE HEALTH AND SOCIAL SERVICES**  
**Division of Public Health**  
**Laboratory**

**Complaint Investigation Form**

**Section 1:** To be completed by the individual reporting the complaint

Name: Address: Phone#:

Description of Complaint:

**Section 2:** To be completed by DPHL management

Lab section involved: ☐ Molecular Virology ☐ Microbiology ☐ Water testing ☐ Administration  
☐ Other:

Investigation:

Contributing factors: ☐ Equipment ☐ Technician error ☐ Reagents/supplies ☐ Other:

Recommended Corrective Action:

Follow-up / Monitoring:

Submitted by:

QA Lab Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lab Section Manager

\_\_\_\_\_  
Date

Reviewed/Approved by:

\_\_\_\_\_  
Director, DPHL

\_\_\_\_\_  
Date

Comments:

Complainant notified of results via: ☐ Fax ☐ mail ☐ phone call